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Background: Patients presenting with multiple unexplained physical symptoms such as somatization disorder (SD) and abridged somatization (AS) pose significant challenges in mental health and primary care settings. Until recently, no intervention had been found to produce meaningful improvement in these patients. We present here results of two studies one on SD the other on AS.

Methods: Study 1 included 84 patients with SD seen in a mental health setting and Study 2, 172 patients with AS seen in primary care. In both studies, patients were randomly assigned to either a “standard care” or an “experimental treatment” consisting of a 10 session CBT designed for patients with unexplained symptoms. The Clinical Global Scale (CGI) for Somatic Symptoms was the key outcome measure.

Results: In Study 1, CBT-treated SD patients were significantly more likely to be rated as “much/very much improved” than “control” patients (39.5% vs. 4.9%). CBT also led to a decrease in health care costs. In Study 2, CBT-treated AS patients were significantly more likely to be rated more “much/very much improved” in the CGI than those in the control group (60% vs. 25.8%). Depressive symptoms also improved more under CBT but the effect on physical symptoms was independent from that on depression.

Conclusion: For patients diagnosed with SD and AS in primary and specialty care, CBT produced clinical benefits beyond those that result from current state of the art treatments. CBT may be the treatment of choice for most of these patients.

P371

Parent oriented psycho-education for under 5 years age children with stubbornness

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Background: Stubbornness, disobedience and, talking back to parents may cause parents to be anxious and defiant about their children.

Method and materials: In order to study during 20 months, 24 subjects (13 girls and 11 boys) less than 5 years age children with Stubbornness evaluated with Child Behavior Check List and clinical interview. Parents with psychiatric disorders and impaired household interpersonal relationship received at least 3 sessions of counseling, individual skills training, and in some cases they received drugs. Results estimated after one and three months and the reported stubbornness by parents evaluated.

Results: Six subjects, two girls and four boys, had at least one concomitant psychiatric disorder and excluded from the study (three of them had ADHD). In the 13 of children both of parents participated in the evaluation and treatment processes. In the 87.1% of parents (27 of 31 each parents) at least one of them had psychiatric problem or dissatisfaction of marriage of subjects and the most frequent symptoms in decreasing ordinary were depressive symptoms and complaining about non-participation of another parent in the child nurturing. In three month survey 77.8% of children (6 boys and 8 girls) were free symptom. ANOVA showed that sex of children hasn't any effect on treatment results ($P > 0.05$).

Conclusion: The findings of this study provide some support for the use of Parent-oriented treatment for less than 5 years age children with stubbornness. Review of literatures reveals that

Stubbornness has a powerful stem in parent's behaviors.

P372

Directly observed therapy (DOT) in a psychiatric consulting dispensary, long term practice and retrospective study of patients coming every day

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Compliance with medication represents a major stake in the treatment of chronic diseases, especially in psychiatric disorders such as schizophrenia and mood disorder. Directly observed therapy (DOT) has been promoted in recent years by the WHO for ambulatory treatment of tuberculosis, since for many years psychiatric nurses have used this therapeutic strategy for hospitalized patients.

We use DOT in a psychiatric consulting dispensary to prevent relapses linked to non-compliance. Currently, more than 60 patients come once or twice per day, weekends included.

First, we describe our organization, the clinical indications, the nurses' work and a new architectural project to facilitate the delivery and observation of the treatment. DOT is not only a mechanical procedure of dropping medication into the patient's mouth, it is also a real way of establishing a therapeutic link and a very good clinical observation point to care for psychotic patients, for example. We also propose this strategy instead of hospitalization to patients who present an acute psychiatric disorder but with good insight.

Secondly, we present a retrospective study to show the efficacy in prevention of a relapse, and the reduction of the number of hospitalizations.

P373

Efficacy of medication and combined medication and cognitive behavior therapy in the treatment of obsessive compulsive disorder

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This study was conducted to see the effectiveness of medication and combined medication and CBT for the treatment of OCD and to find out the treatment group with greater efficacy. To fulfill the objectives thirty OCD patients (diagnosed by DSM-IV) were divided into two groups (Group A and Group B); each consisting of fifteen patients. Group A received capsule Fluoxetine as a standard medication of OCD and Group B received combined medication (Fluoxetine) and CBT. To measure the symptom severity Dhaka University Obsessive Compulsive Scale (DUOCS) was used initially (before treatment) and at 5th, 9th, and 13th weeks (after treatment). Mean initial score of DUOCS in Group A was 46.6 ± 16.04 and in Group B it was 36.67 ± 12.85 . Mean DUOCS score at 9th week was 34.46 ± 16.21 and in Group B it was 23.92 ± 8.43 . Mean DUOCS score at 13th week in Group A was 28.23 ± 12.96 and in Group B it was 18.77 ± 6.3 . Comparison of means of initial DUOCS score and 13th week score using paired t test in both the treatment groups were done. In both the groups the mean score changes were highly significant ($p=0.000$). From analysis it was seen that mean symptom reduction was more in Group B but it was not statistically significant ($p=0.721$). From analysis it was seen that mean percentage reduction of symptoms was also more in case of Group B but it also fell short of being statistically significant ($p=0.104$).

P374

Effects of group psychoeducational psychotherapy on inpatients with chronic psychoses